



Company Complaint Form

John Hancock Life Insurance Company of New York

(hereinafter referred to as The Company)

As a client of John Hancock Life Insurance Company of New York, your satisfaction is our top priority. Upon receipt of a completed complaint form, the Company will send you an acknowledgement letter and promptly investigate the matter. This form is for complaints related to Life Insurance and Annuity products.

COMPLAINT CONTACT INFORMATION

1. a) Name			
b) Address	Street Address	City	State Zip Code
c) Telephone	Day	Evening	Best time to call

CLIENT AND PRODUCT INFORMATION

2. a) Client's Name
b) If you are not the client, what is your relationship to him/her?
c) Policy and/or contract number(s) that are the subject of your complaint
d) Please list other policies/contracts you have with the Company
e) Agent or Broker's Name
f) Agency or Broker's Firm Name

DESCRIPTION OF COMPLAINT

3. Is this the first time you have filed a complaint regarding this matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No , date complaint was filed	Month	Day Year
Sent to	_____	
From whom did you receive a reply?	_____	

To handle your complaint properly, it is essential that you enclose as much information as possible.

Please submit copies of the following with this form.

- All relevant correspondence to and from the Company or agent or broker
- Policy or Contract Summary
- Policy Illustrations
- Marketing material you received from the agent or broker
- Any other pertinent documentation or records

